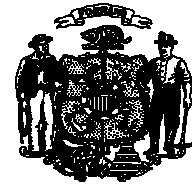


MILWAUKEE ENROLLMENT SERVICES
P.O. BOX 05676
MILWAUKEE WI 55216

Mailing Date: 08/19/2010

00031
MEDLINDA GATES
433 W WASHINGTON ST.
MILWAUKEE WI 53224-5109

State of Wisconsin



Case #: 8080808011



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call **1-800-362-3002**, press option #7 and state your language. Or, e-mail us at: **memberservices@wisconsin.gov**. These services are free.

Notice of Action, Proof, and Information Needed

Please read each page of this letter carefully.

To get or keep **Child Care, BadgerCare Plus and FoodShare** benefits you need to take action, provide proof of items, and provide information by the due dates listed below. The action you need to take and the proof and information you need to provide is listed on the next few pages along with examples and instructions. If you do not take action, you do not provide the proof, or you do not provide the information by the due dates, benefits will be denied, decreased, or ended.

To make sure your benefits get processed as quickly as possible, use the **Document Tracking Sheet** at the end of this notice.

Program(s)	Due Date	Contact Information
Child Care	Aug. 30, 2010	R NEWAL Phone: 414-123-4567 Fax: 414-555-1234
BadgerCare Plus; FoodShare	Sep. 20, 2010	Milwaukee Enrollment Services Worker: B WAX Phone: 414-987-6543 Fax: 414-555-1234 Email: BEA.WAX@WISCONSIN.GOV

A Actions Needed

This section lists actions that you need to take by the due date listed below. Contact us right away if you have questions or problems and we will help you.

What?	Who?	What to do?	Program(s)	Due Date
You need to pay your BadgerCare Plus premium	MELINDA	We will send you more information about the amount of your premium and how to pay it.	BadgerCare Plus	Sep. 20, 2010

P Proof Needed

This section lists items that we need proof of by the due date listed below. Contact us right away if you have questions or problems getting the proof and we will help you.

What?	Who?	Examples*	Program(s)	Due Date
Wisconsin residency	MELINDA	Lease/Rental Agreement; Mortgage Statement; or Statement from landlord	Child Care	Aug. 30, 2010
			FoodShare	Sep. 20, 2010

**If you do not have any of the examples of proof listed, there are other things you can use. For a complete list of examples, go online to dhs.wi.gov/em/customerhelp or contact us.*

F For Your Information (No Action Needed)


Based on what you told us, your worker is checking with other agencies about the following information. You do not have to do anything at this time.

What?	Who?	Program(s)
Information about the health insurance available through an employer in the past 12 months	MELINDA	BadgerCare Plus

I Information Needed

To find out if you are eligible we need more information from you. Please complete this section and get it to us by the due date listed using the **Document Tracking Sheet**. You can also contact your agency to give this information over the phone. We may ask for proof of this information later.

Answer the questions below for **Child Care, BadgerCare Plus, and FoodShare by Aug. 30, 2010:**

 **Question 1:** Does anyone in your home get income from unemployment compensation benefits? ☐ Yes ☐ No

For each person:

- a. Tell us who gets the income and answer the following questions: When did the payments start? How often are the payments received? How much are the payments?





Document Tracking Sheet

FROM: MELINDA GATES
PHONE: _____

Total number of pages: _____
(including this sheet)

ATTN: R NEWAL
 MILWAUKEE ENROLLMENT SERVICES

Important note: To speed up the processing of your benefits, include this document tracking sheet and use an option below. Fill in the total number of pages (including this sheet) and your phone number. Do not write anywhere else on this sheet. Use a separate sheet of paper if you want to add more information. If you have more than one worker, you only have to send your documents to one location.

Options	Instructions			
 ONLINE	<ul style="list-style-type: none">- If you have a MyACCESS account and a scanner, go to access.wisconsin.gov, log on to your MyACCESS account and follow the instructions to scan and/or upload your documents.- If you do not have a MyACCESS account, you can go to access.wisconsin.gov and create a new account.			
 FAX	<ul style="list-style-type: none">- Use this document tracking sheet as the first page of your fax.- If your document has information on both sides, copy each side before faxing. <p>MILWAUKEE ENROLLMENT SERVICES: 414-555-1234 or MILWAUKEE SE W2, UMOs INC: 414-555-5555</p>			
 MAIL	<ul style="list-style-type: none">- Include this document tracking sheet and mail to: <table><tr><td>MILWAUKEE ENROLLMENT SERVICES P.O. BOX 05676 MILWAUKEE, WI 55216</td><td>or</td><td>MILWAUKEE SE W2, UMOs INC P.O. BOX 54321 MILWAUKEE, WI 53207</td></tr></table>	MILWAUKEE ENROLLMENT SERVICES P.O. BOX 05676 MILWAUKEE, WI 55216	or	MILWAUKEE SE W2, UMOs INC P.O. BOX 54321 MILWAUKEE, WI 53207
MILWAUKEE ENROLLMENT SERVICES P.O. BOX 05676 MILWAUKEE, WI 55216	or	MILWAUKEE SE W2, UMOs INC P.O. BOX 54321 MILWAUKEE, WI 53207		
 IN PERSON	<ul style="list-style-type: none">- Include this document tracking sheet and take to the agency office where you usually get services or to the following agency: <table><tr><td>MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST., MILWAUKEE, WI 55216</td><td>or</td><td>MILWAUKEE SE W2, UMOs INC 2701 S CHASE AVE., MILWAUKEE, WI 53207</td></tr></table>	MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST., MILWAUKEE, WI 55216	or	MILWAUKEE SE W2, UMOs INC 2701 S CHASE AVE., MILWAUKEE, WI 53207
MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST., MILWAUKEE, WI 55216	or	MILWAUKEE SE W2, UMOs INC 2701 S CHASE AVE., MILWAUKEE, WI 53207		

Confidentiality: This fax should only be used by the person or agency listed above. It may have information that is private and should not be shared. If you are not the person or agency listed above, it is against the law to review, use, copy, or share the contents with anyone.

If you get this fax by mistake, please call the sender right away at the phone number above.